COPY OF	(City place and date) (City place and date) (Payee) (Copy 1 OF 2 (Co	(Department, bureau, or establishment) (He UNITED STATES, Dr., Payer's Account No. DPS - (016 COPY OF 2 (Address) (City) (Grace) (Address) (City) (Grace) No. and Date of Delivery or Service (Enter description, letter trumber of contract or Padenal supply or Service) (Enter description, letter trumber of contract or necessary) Discount Terms Cost Use continuation sheet(e) if necessary Total 10 PAYMENT: Complete For Dollars Cost Total 10 I certify that the above bill is correct and just and that payment has not been received, (Sign original only) STATOTHR Date S/2/3/58 * 2 Davos 2 Date 2	(Department, bureau, or establishment) Woucher prepared at (Give place and date) THE UNITED STATES, Dr., Payee's Account No. (Payee) (Payee) (Address) (City) (State) ARTICLES OR SERVICES No. and Date of Order Date of Delivery or Service Conder Cost Cost PAYMENT: Complete	AMOUNT Dollars Ct
THE UNITED STATES, Dr., Payee's Account No. (City) (City) (Coty) (State) (Coty) (Coty) (Coty) (State) (Coty) (Coty)	(Give place and date) (Payce's Account No	Contract No. Contra	Cost Payment: Complete Co	AMOUNT Dollars Ct
The United States, Dr., Payee's Account No. (Payee) (Address) (City) (State) No. and Date of Order Date of Delivery or Service (Enter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Cost Cost Cost Use continuation sheet(s) if necessary. Shipped from to Weight Government B/L No. Total Final Use continuation sheet(s) if necessary. Shipped from to Weight Government B/L No. Cost Differences (Sign original only) Date States the substitute is made by powe on attached bill or billio Amount verified; correct, for (Signature or initials) Contract No. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Certifying Offices)	(Address) (City) (State) (Address) (City) (State) (Address) (City) (State) (Enter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Discount Terms Cost Per Dollars Cts. Cost Per Dollars Cts. 10 60 Correct and just and that payment has not been received. (Sign original only) IR Amount verified; correct for //0 60 Cignature or initials) Amount verified; correct for //0 60 Cignature or initials)	The United States, Dr., Payee's Account No. (Payes) (Chy) (Ch	COPY 1 (Address) (City) (State) ACTICLES OR SERVICES No. and Date of Order Or Service Conder Cost Cost PAYMENT: Complete Co	AMOUNT Dollars Ct
(Payce) (Address) (City) (State) ARTICLES OR SERVICES (Enter description, item number of contract or Fedoral supply or Service) Date of	(Address) (City) (State) ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Discount Terms Cost Use continuation sheet(s) if necessary to Weight Government B/L No. correct and just and that payment has not been received. (Sign original only) [R] attendirect description when a like certificate is made by prove on attended bill or bills) Amount verified; correct for	CPayes CPayes Copy OF 2	(Payce) (Address) (City) (State) (Address) (City) (State) ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Discount Terms Cost Cost Per	AMOUNT Dollars Ct
COPY OF	(Address) (City) (State) ARTICLES OR SERVICES (Inter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Discount Terms Cost Per Dollars Cts. 10 60 Use continuation sheet(s) if necessary to Weight Government B/L No. correct and just and that payment has not been received. (Sign original only) (Sign original only) R ate not required when a lits certificate is made by prove on attached bill or billio) Title Cost No. Date Invoice Rec'd.	(Address) (City) (State) (Address) (City) (State) ARTICLES OR SERVICES (Enter description, item number of or Service or	(Payce) (Address) (City) (State) ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Discount Terms Cost PAYMENT: Complete	AMOUNT Dollars Ct
No. and Date of Order Date of Delivery or Service Cost	(Address) (City) (State) ATTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed nocessary) Discount Terms Cost Use continuation sheet(s) if necessary. to Weight Government B/L No. Total correct and just and that payment has not been received. (Sign original only) (Sign original only) Amount verified; correct for // 0 60 Title Req. No. Date Invoice Rec'd.	Cost	(Address) (City) (State) ARTICLES OR SERVICES No. and Date of Order Order Order Order Contract or Federal supply achedule, and other information deemed nocessary) Cost Cost Cost Complete Complete Complete Cost	AMOUNT Dollars Ct
ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply or Service (Enter description, item number of contract or Federal supply or Service (Enter description, item number of contract or Federal supply or Service (Cost Cost Cost Cost Cost Cost Use continuation sheet(s) if necessary. Partial Partial Partial Final Use continuation sheet(s) if necessary. Shipped from to Weight Government B/L No. Total Partial	ARTICLES OR SERVICES Center description, item number of contract or Federal supply schedule, and other information deemed nocessary) QUANTITY Cost Per Dollars Cts. Cost C	ARTICLES OF SERVICES (Enter description item number of contizator of Federal supply or Service) (Enter description item number of contizator of Federal supply of Service) (Cost Per Dollars Cost Per Dollars (Cost Per D	No. and Date of Order Date of Delivery or Service Center description, item number of contract or Federal supply schedule, and other information deemed nocessary) OUANTITY Cost Per	Dollars Ct
No. and Date of Order Date of Delivery or Service Cost Cos	Cost Per Dollars Cts.	Cost	No. and Date of Order Date of Delivery or Service Cost Per	Dollars Ct
PAYMENT: Complete Partial Use continuation sheet(s) if necessary. Shipped from to Weight Government B/L No. Total Gertify that the above bill is correct and just and that payment has not been received. (Sign original only) STATOTHR Date 5/23/58 *Pauce Per Title Title (Signature or initials) Contract No. A-/O Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Certifying Officer)	Use continuation sheet(s) if necessary. to Weight Government B/L No. Correct and just and that payment has not been received. (Sign original only) IR Amount verified; correct for (Signature or initials) Date Reg. No. Date Invoice Rec'd.	DAYMENT: Complete Partial Use continuation sheet(s) if necessary. Shipped from to Weight Government B/L No. Total 10 I certify that the above bill is correct and just and that payment has not been received. (Sign original only) STATOTHR Date Sign and the payment has not been received. (Sign original only) Amount verified; correct for //O (Signature or initials) Contract No. A-/O Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	PAYMENT: Complete	10.6
Complete Partial Use continuation sheet(s) if necessary. hipped from to Weight Government B/L No. Total (Payee must NOT use this space) certify that the above bill is correct and just and that payment has not been received. (Sign original only) STATOTHR Date 5/23/58 *Payee ate not required when a like certificate is made by payee on attached bill or bills) Amount verified; correct for (Signature or initials) Contract No. A-/O/ Date Req. No. Date Invoice Rec'd. Approved for \$ (Authorized Oertifying Officer)	to Weight Government B/L No. Total 10.60 correct and just and that payment has not been received. (Sign original only) R	Complete	Complete	
certify that the above bill is correct and just and that payment has not been received. (Sign original only) STATOTHR Date 5/23/58 *Paves ate not required when a like certificate is made by payee on attached bill or bills) Amount verified; correct for (Signature or initials) Contract No. A-101 Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment.	to Weight Government B/L No. Total 10.60 correct and just and that payment has not been received. (Sign original only) Amount verified; correct for	certify that the above bill is correct and just and that payment has not been received. (Sign original only) STATOTHR Date 5/23/58 *Pauce also not required when a like certificate is made by payed on attached bill or bills) Per Title Contract No. 1/-/01 Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Certifying Officer) SIGN ORIGINAL ONLY Title Date The reverse of This porm must be executed when purchases are made or services Secured without written agreement in any form	Final Use continuation sheet(s) if necessary	·
Contract No. A-/01 Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approved for \$ (Sign original only) STATOTHR Date Standards by prove on attached bill or bills) Amount verified; correct for (Signature or initials)	Correct and just and that payment has not been received. Differences	Certify that the above bill is correct and just and that payment has not been received. (Sign original only) STATOTHR Date 5/23/58 *Paves attendated when a like certificate is made by payee on attached bill or bills) Per	Weight Government B/L No. Total	10.6
(Sign original only) STATOTHR Date 5/23/58 *Pavee ate not required when a like certificate is made by payee on attached bill or bills) Amount verified; correct for (Signature or initials) Contract No. 4-101 Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approved for \$ (Authorized Oertifying Officer)	(Sign original only) R	STATOTHR Date 5/23/58 *Pause State of trequired when a like certificate is made by payee on attached bill or bills) Amount verified; correct for	of all a shore hill is correct and just and that payment has not been received.	
Per	ate not required when a like certificate is made by payee on attached bill or bills) Amount verified; correct for // 10 6 c (Signature or initials) Date Req. No. Date Invoice Rec'd.	Per		
Per Title (Signature or initials) Contract No.	ate not required when a like certificate is made by payee on attached bill or bills) Amount verified; correct for //0 60 Signature or initials) Date Req. No. Date Invoice Rec'd.	Per		
Contract No. A-/0/ Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Octifying Officer)	Date Reg. No. Date Invoice Rec'd.	Contract No. A-/0/ Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Oertifying Officer) By ORIGINAL ONLY Title Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Amount verified; correct for	
Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$. I while that this account is correct and proper for payment.	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	rer l : D : l	
Approved for \$ (Authorized Oertifying Officer)	IN THE I CONTINUED REPORTED IN CONTINUE OF CONTINUE OF CONTINUES.	Approved for \$		
SIGN		SIGN ORIGINAL Title		== = = = = = = = = = = = = = = = = =
ORIGINAL Title	SIGN ORIGINAL Title	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	SIGN ORIGINAL Title	
Title Date	UNLT	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title Date	
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Date		THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	
	Date Date SEE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM			<u> </u>
3yORIGINAL TitleONLY	ORIGINAL Title	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	3y ORIGINAL Title ONLY	
1 itie			1 itie	
				·
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	Date	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	